



FOR OFFICE USE ONLY

DATE RECEIVED

City of Scottsdale Community Services Division
Fee Assistance Application ~ For Low Income Families
P: 480-312-7957 F: 480-312-2706

Return Application To:

City of Scottsdale | Leisure Education Program | P.O. Box 1761 | Scottsdale, AZ 85252

FEE ASSISTANCE OVERVIEW

The City of Scottsdale's Community Services Division offers this fee assistance program to assist economically disadvantaged families who live in the City of Scottsdale corporate boundaries by giving them an opportunity to participate in the City's recreational programs and classes for decreased cost.

Application eligibility for the Fee Assistance Program will be reviewed and approved by staff. Documentation is required in order to be approved for fee assistance. If your family currently qualifies for the free lunch program at your child's school, please attach a copy of the award letter with to application. If you need to request a copy of your lunch letter from the Scottsdale Unified School District, their phone number is: (480) 484-6234. If you do not qualify for the free lunch program or if you do not have school aged children, you will be contacted by a Human Services staff member to set up an appointment to determine your eligibility. Please be prepared to show documentation of your household income level with you to your appointment.

One of the following forms of documentation is required:

1. Free or reduced lunch letter from school
2. Qualifying documents outlined by Human Services staff

CLASSES & PROGRAMS INFORMATION

The City of Scottsdale's Community Service Division offers a wide variety of programs for both adults and children. Please refer to the City of Scottsdale's Recreation Classes and Programs Brochure or online @ www.scottsdaleaz.gov for detailed information. Please note that not all classes and programs are eligible for fee assistance.

Fee assistance is available for some of the classes in the following program area:

- Leisure Education classes
- Aquatics
- Youth Summer and After School Programs
- Tennis Programs
- Teen Programs

Family members eligible are parents, spouse, spouse's parents, siblings, children, step children, and adopted children all residing in the same household/address. The Fee Assistance Program does not cover drop-in fees, memberships or passes. Family fee assistance is valid for *one year* from the approval month. If assistance is still needed at a period of one year, the family must reapply. No additional people can be added to the account unless a new application is filed.

If you are interested in applying for fee assistance, please complete the application located on the back of this pamphlet and return it to the Leisure Education Office: 7447 E. Indian School Rd. Suite 300 Scottsdale, AZ 85251 or mail it to Leisure Education Programs PO Box 1761 Scottsdale, AZ 85252 or fax it to (480) 312-2706.

****You must be a Scottsdale Resident to apply for fee assistance. For additional information, please call (480) 312-7957.**

HOW IT WORKS

Once you are approved for the Fee Assistance Program, you will receive either a 50% discount or 75% discount on the majority of programs or classes that you register for throughout the period of one year. For example, if qualifying for 75% discount and registering for a program, the family will only need to pay 25% of the program or class fee. Program registration per each family member will be limited. Your award letter will detail registration information and instructions.

Registration:

Mail In: Complete the registration form located in the City of Scottsdale Recreation Classes and Programs brochure and mail the form **without payment** to: PO Box 1761 Scottsdale, AZ 85252.

Registrations received before the postmark date listed in the brochure will be processed at the end of the corresponding registration cycle.

Please see back for application...

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APPLICANT INFORMATION

Head of Household LAST Name:		# Of People In Household:
Home Phone:	Cell Phone:	E-Mail Address:
Current Address:		
City:	State:	ZIP Code:

NAMES OF IMMEDIATE FAMILY HOUSHOLD MEMBERS

1.	Date Of Birth:	Relationship:
2.	Date Of Birth:	Relationship:
3.	Date Of Birth:	Relationship:
4.	Date Of Birth:	Relationship:
5.	Date Of Birth:	Relationship:
6.	Date Of Birth:	Relationship:
7.	Date Of Birth:	Relationship:
8.	Date Of Birth:	Relationship:

INCOME

How much money the household receives monthly? (*Wages, family assistance, loans/grants, child support, government assistance, unemployment, pensions etc. from all adults named above*):

Source:	Amount: \$
Source:	Amount: \$
Source:	Amount: \$

ADDITIONAL INFORMATION YOU WISH TO OFFER

APPLICANT SIGNATURE

I hereby certify that all the statements contained herein are true to the best of my knowledge; I understand that omissions, misstatements and falsifications may be cause for rejection of this application.

Signature of applicant:	Date:
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STAFF USE ONLY

Approved %: _____	Not Approved: _____	Mailed Forms: _____	Lunch Letter App# and Expiration: _____
Called Regarding Status of Application: _____		Date: _____	Fee Assistance Program Administrator: _____

Please see front for details...